

FEC
FORM 1

STATEMENT OF ORGANIZATION

PAGE 1/4
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PUBLIC RECORDS

15 AUG 17 PM 1:06

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

committee to elect robert marshall

ADDRESS (number and street)

3304 Grove Av



(Check if address
is changed)

berwyn

CITY ▲

IL

STATE ▲

60402

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address
is changed)

radman1200@aol.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

none

2. DATE

08

04

2015

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer robert marshall

Signature of Treasurer

robert marshall

Date

08

04

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
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Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

201508170200231644

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Dr. robert alan marshall M.D.

Candidate Party Affiliation

DEM

Office Sought:

☐ House

House

☒ Senate

Senate

☐ President

President

State

IL

District

00

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.

FEC ID number

C

2.

FEC ID number

C

3.

FEC ID number

C

4.

FEC ID number

C

201508170200231645

Write or Type Committee Name

committee to elect robert marshall

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

robert marshall

Mailing Address

3304 grove av

berwyn

IL

60402

Title or Position

CITY

STATE

ZIP CODE

treasurer

Telephone number

708

795

1655

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

robert marshall

Mailing Address

3304 grove av

berwyn

IL

60402

Title or Position
treasurer

CITY

STATE

ZIP CODE

Telephone number

708

795

1655

2015081702002371646

Full Name of
Designated
Agent

robert marshall

Mailing Address

3304 grove av

berwyn

CITY

IL

STATE

60402

ZIP CODE

Title or Position

agent

Telephone number

708

795

1655

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

byline bank

Mailing Address

3639 n. broadway

chicago

CITY

IL

STATE

60613

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

201508170200231647

1001 01111111

ISS FIRMLY TO SEAL

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UNITED STATES POSTAL SERVICE
1006
20510
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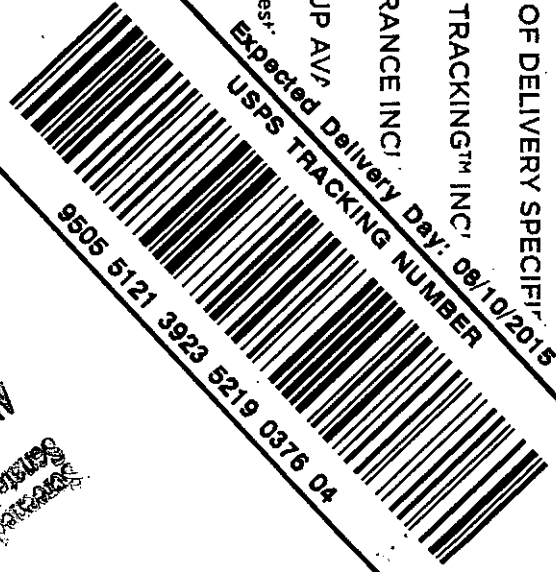
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* Domestic

Expected Delivery Day: 08/10/2015
USPS TRACKING NUMBER

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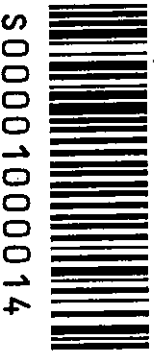
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Robert Marshall
1200 Woodman
BR, DC 20527

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Sen of Senate
Room 232
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Wash. D.C. 20510



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United States Senate

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OFFICE OF PUBLIC RECORDS

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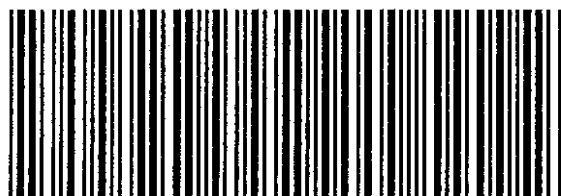
PREPARER AMN DATE PREPARED 8/17/15

2/28/2015

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SEN PATCH



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201508170200231650